

Please indicate which session(s) you will be attending:

| | |
|------------------|--|
| June 27 - July 1 | Day Camp - Session I (The Healthplex) |
| July 5-8 | Day Camp - Session II |
| July 5-8 | Overnight Camp |
| July 11-15 | Day Camp - Session III |
| July 11-15 | Junior Hawk Camp |

| | |
|----------------|----------------|
| Tuition | Deposit |
| \$195 | \$75 |
| \$195 | \$75 |
| \$385 | \$125 |
| \$195 | \$75 |
| \$110 | \$25 |

I have enclosed \$ _____

Please make check payable to :

Cindy Griffin Enterprises

Send to: C/O Saint Joseph's University

Women's Basketball

5600 City Avenue

Philadelphia, Pa. 19131-1935

*** Send in your deposit before May 1, 2005, and receive a free camp ball!**

REFUNDS AND CANCELLATIONS: After June 20, 2005, tuition refunds, less \$25 administrative charge, will be made for medical reasons only. A written request with a physician's letter of explanation is necessary to process the refund. Refunds will not be issued after June 7, 2005, for non-medical reasons. In case of illness or injury during camp pro-rated credits will be awarded for next year's camp.

CINDY GRIFFIN BASKETBALL CAMPS AT SAINT JOSEPH'S UNIVERSITY

SAINT JOSEPH'S UNIVERSITY

5600 CITY AVENUE

PHILADELPHIA, PA 19131-1395

SPECIAL RATES:

Available for the following:

1. Sign up and send in your deposit before May 1, 2005, and receive a free camp ball.
2. Family discount \$10 per sister
3. Full-time SJU employee discount \$25
4. 2004 campers who bring a new friend in 2005 receive \$25 discount (must have proof of 2004 attendance and friend must be paid in full to receive discount)

* Only One Discount applies

POOL POLICY:

Swimming is optional. During day camp, swim time will be after camp for one hour. During overnight camp there will be time set aside for swimming. There will be certified lifeguards on duty.

RETURNED CHECK POLICY:

There will be a \$15 charge for all checks returned for insufficient funds.



CINDY GRIFFIN BASKETBALL CAMPS SUMMER 2005

TWO GREAT LOCATIONS:

**THE HEALTHPLEX - SPRINGFIELD, PA
SAINT JOSEPH'S UNIVERSITY**



*Three weeks
of drills,
top level
Division I
instruction,
competition
and fun!*

Ages 5 to 17

Katie Gardler
Director
610-660-1710
stjoe21@comcast.net

CAMP DATES

- SESSION I (BOYS & GIRLS) AGES 9-17**
DAY (9:00 - 3:00)
JUNE 27 - JULY 1 • DELAWARE COUNTY HEALTHPLEX
- SESSION II (GIRLS ONLY) AGES 9-17**
DAY (9:00 - 4:30) & OVERNIGHT (4 DAYS, 3 NIGHTS)
JULY 5 - 8 • SAINT JOSEPH'S UNIVERSITY
- SESSION III (GIRLS ONLY) AGES 5-17**
DAY (9:00 - 3:00) & JUNIOR HAWK (9:00 - 11:45)
JULY 11 - 15 • SAINT JOSEPH'S UNIVERSITY

CALL TO RESERVE YOUR SPOT TODAY!

Cindy Griffin Basketball Camps are one of the most competitive, exciting basketball camps in the area. In 2004 the Saint Joseph's Fieldhouse was filled with over 250 players of all ages sharpening their skills, learning more about the game and being challenged at every level. Our counselors are top athletes and coaches committed to the highest level of instruction. We are very proud of who we are and we wish to share the entire "Hawk experience" with you this summer.



ABOUT THE COACH

CINDY GRIFFIN '91



The 2003 Atlantic 10 Coach of the Year, Cindy Griffin is in her fourth season as the head coach of the Saint Joseph's University women's basketball program. She previously spent three years as the head coach at Loyola-Md. As a player she helped the Hawks to three appearances in the NCAA Tournament and was a three year captain.

ABOUT THE DIRECTOR

KATIE GARDLER '92



A three-time All-Atlantic 10 and Philadelphia Big 5 performer for the Hawks, Katie Gardler was named the A-10's Most Valuable Player in 1993. One of the top shooters in program history, she finished her career with 1,663 points. Gardler led SJU to four City Series titles and was inducted into both the SJU and Big 5 Hall of Fames in 1999.

ABOUT THE CAMPS

Each session will offer a great opportunity for young girls to have a positive, fun learning experience. Each day will pose a new challenge that will help girls become better basketball players.

DAY CAMPS (AGES 9-17)

JUNE 27 - JULY 1 (BOYS & GIRLS)

Monday - Friday ■ 9:00 - 3:00 ■ *The Healthplex*

JULY 5-8 (GIRLS ONLY)

Tuesday - Friday ■ 9:00 - 4:30 ■ *Saint Joseph's Univ.*

JULY 11-15 (GIRLS ONLY)

Monday - Friday ■ 9:00 - 3:00 ■ *Saint Joseph's Univ.*

Daily Schedule:

| | | |
|--------------------|----------------|-----------|
| Stretch/Attendance | Lunch | Games |
| Station Skill Work | Speaker | Dismissal |
| Games | 3-on-3, 1-on-1 | Pool |

OVERNIGHT CAMP (AGES 9-17)

JULY 5-8 (GIRLS ONLY)

Tuesday - Friday ■ *Saint Joseph's Univ.*

Daily Schedule:

| | | |
|--------------------|---------------------|----------------|
| Wake Up | Lunch | Dinner |
| Breakfast | Speaker | Dorms/Downtime |
| Stretch/Attendance | 3-on-3, 1-on-1 | **Fun Events |
| Station Skill Work | Games | Lights Out |
| Games | Practice and Drills | |

** All-Star Game / Movie Night / Pizza Dance Party

JUNIOR HAWK CAMP (AGES 5-8)

JULY 11-15 (GIRLS ONLY)

Monday - Friday ■ 9:00 - 11:45 ■ *Saint Joseph's Univ.*

Daily Schedule:

| | | |
|--------------------|----------------|-----------|
| Stretch/Attendance | Snack | Games |
| Junior Stations | 3-on-3, 1-on-1 | Dismissal |

TESTIMONIALS

"Thanks for a fantastic week! The girls will look forward to cheering for the Hawks next year and for many seasons to come. Thanks again!" - **Julie Gilligan**

"My daughter attended your camp and I wanted to take the opportunity to thank you and your staff for such a great experience...She was very excited when she came home and couldn't wait to share all she had done during the day!" - **Barbara Beach**

THE HEALTHPLEX

The Healthplex Sports Club is the Delaware Valley's premier health and fitness facility.
194 West Sproul Rd. Springfield, PA
www.healthplex.net ■ 610-328-8888



Please Note: For all camps, we do NOT provide health & accident insurance. Campers must rely on their guardian's medical services. Insurance information must be included on the application. Minor sports injuries are treated by staff members. Cindy Griffin Basketball Camp waives all responsibilities for treatment of camp-related injuries.

Camper's Name _____
 Parents Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Other Phone _____
 E-mail _____
 School _____ Grade (Sept. '05) _____ Age _____
 Roommate Request _____
 Level: High School Varsity Junior Varsity CYO
 Indicate Camp Session: Day I Day II Overnight Day III
 Junior

APPLICATION

* Please fill out both sides.

Please note any medical conditions that we should be aware of:

I hereby authorize the staff of Cindy Griffin Basketball Camp to act for me in accordance with their best judgement in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named campers participation in the camp program, as outlined in this brochure.

Parent or Guardian Signature _____

Name of Health Insurance Provider _____

Agreement# _____ Group _____